


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000117012</b>	
1. Entity Name <b>SINERGY, INC.</b>	

Principal Place of Business <b>20517 S.W. 2ND STREET PEMBROKE PINES, FL 33029</b>	Mailing Address <b>P.O. BOX 297424 PEMBROKE PINES, FL 33029</b>
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1068485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MAGAROLAS, MAURICIO ESQ.  
815 PONCE DE LEON BLVD.  
SECOND FLOOR  
CORAL GABLES, FL 33134-3007**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>GOMEZ, ANITA</b>
NAME	<b>20517 S.W. 2ND. ST.</b>
STREET ADDRESS	<b>PEMBROKE PINES, FL 33029</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>HERNANDEZ, PAULA A</b>
NAME	<b>20809 N.W. 17TH ST</b>
STREET ADDRESS	<b>PEMBROKE PINES, FL 33029</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80052-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **April 3, 2007 (954) 438 4571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #